

HEART ATTACK *survival* PLAN

Fill out the form below and make several copies of it. Keep one copy near your home phone, another at work, and a third copy in your wallet or purse.

Information To Share With Emergency Medical Personnel and Hospital Staff

Medicines you are taking: _____

Medicines you are allergic to: _____

How To Contact Your Health Care Provider

If symptoms stop completely in less than 5 minutes, you should still call your health care provider.

Phone number during office hours: _____

Phone number after office hours: _____

Person To Contact If You Go To The Hospital

Name: _____

Home phone number: _____

Work phone number: _____